

FILED JUN 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 2 2 7 0 1

STATE FILE NUMBER 5682

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institutional/Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR St. Louis TOWN				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY St. Louis OR TOWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR IN INSTITUTION 14 Jewish Hospital				Length of stay in lb 2 months		STREET ADDRESS 2505 N. Grand Av.	
3. NAME OF DECEASED (Type or print) First Robert Middle J. Last McGray				4. DATE OF DEATH Month June Day 18 Year 57			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 18-1899	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver				10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 57	
11. BIRTHPLACE (City and state or country) Kansas City, Kan.				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME James McGray				14. MOTHER'S MAIDEN NAME Nellie Kelly			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Charlotte McGray 2505 N. Grand	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic pyelonephritis with uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 600.0 DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Hypertensive cardiovascular disease							INTERVAL BETWEEN ONSET AND DEATH 1 year
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 4/15/57 to 6/18/57 and last saw him alive on 6/18/57 Death occurred at 4:30 P. M. on the date stated above; and to the best of my knowledge, from the causes stated							
22a. SIGNATURE Robert J. Kersh (Degree or title) M.D.				22b. ADDRESS Jewish Hosp., St. Louis		22c. DATE SIGNED 6/18/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 21-57		23c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR Leidner Und. co. 2223 St. Louis Av.				25. DATE RECD. BY LOCAL REG. JUN 18 57		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3749

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.